| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | *flu* | ~~7S33~~ | |
| O.I.P.E. CLASSIFIER | *J* | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | 65372 | 5-11-00 |

## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | .......... Rejected | N | .......... | Non-elected |
| = | .......... Allowed | I | .......... | Interference |
| — | (Through numeral)... Canceled | A | .......... | Appeal |
| ÷ | .......... Restricted | O | .......... | Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)